

AMENDED IN ASSEMBLY AUGUST 30, 2005

AMENDED IN ASSEMBLY JULY 13, 2005

AMENDED IN SENATE JUNE 1, 2005

AMENDED IN SENATE APRIL 28, 2005

AMENDED IN SENATE APRIL 20, 2005

AMENDED IN SENATE APRIL 7, 2005

SENATE BILL**No. 739**

Introduced by Senator Speier

February 22, 2005

An act to add Sections 1279.1, ~~128752, and 128753 to~~, *and 128763* to the Health and Safety Code, relating to health facilities.

LEGISLATIVE COUNSEL'S DIGEST

SB 739, as amended, Speier. Hospitals: infection control.

Existing law provides for the licensure and regulation by the State Department of Health Services of health facilities, including general acute care hospitals. A violation of these provisions by a health facility is a crime. Existing law requires health facilities to file reports containing health facility data with the Office of Statewide Health Planning and Development.

This bill would require a general acute care hospital to have a written infection control program for the surveillance, prevention, and control of infections. The bill would require the department to annually evaluate and revise the program and would authorize the department to require the hospital to submit a plan of correction. Because the bill would add to the requirements of a health facility, and

a violation of those requirements would be a crime, the bill would impose a state-mandated local program.

This bill would, *for a specified time period*, require a general acute care hospital to collect and maintain data on selected hospital-acquired infections. The bill would require the establishment of ~~a multidisciplinary~~ *an* advisory panel by the office to ~~monitor~~ *oversee* the statewide planning and ~~oversight~~ *implementation* of hospital collection and risk-adjustment of hospital-acquired infection data. It would require the hospital to report specified information to the office. By increasing the duties of local health officials with respect to service on the advisory panel, the bill would impose a state-mandated local program.

This bill would require the office, by January 1, ~~2007~~ *2008*, to establish data collection and reporting methods and timelines, as well as other related operating procedures, based upon the recommendations of the advisory panel. The bill would declare legislative intent that certain data be made available to the public regarding hospital-acquired infections, and would limit the scope of the data to be collected prior to January 1, 2008. The bill would prohibit hospital-acquired infection data made available to the public from containing personally identifiable information and would require that data supplied to state agencies be used only for the purpose of tracking rates of specific hospital-acquired infections. The bill would require the data collection to be subject to the oversight of the ~~multidisciplinary~~ advisory panel.

The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.

This bill would provide that with regard to certain mandates no reimbursement is required by this act for a specified reason.

With regard to any other mandates, this bill would provide that, if the Commission on State Mandates determines that the bill contains costs so mandated by the state, reimbursement for those costs shall be made pursuant to the statutory provisions noted above.

Vote: majority. Appropriation: no. Fiscal committee: yes.
State-mandated local program: yes.

The people of the State of California do enact as follows:

SECTION 1. Section 1279.1 is added to the Health and Safety Code, to read:

1279.1. (a) A general acute care hospital shall adopt, implement, and annually evaluate a written infection control program for the surveillance, prevention, and control of infections. The hospital's infection control program shall be revised annually, or more often as needed.

(b) Each hospital shall implement all applicable *Category 1A* performance indicators or measures from current Centers for Disease Control and Prevention and Healthcare Infection Control Practices Advisory Committee guidelines no later than one year following their publication. The hospital shall maintain for inspection by the department a record of evidence-based steps adopted to reduce hospital-acquired infections and annual summary data on the infections rates.

(c) Each hospital's infection control program shall maintain for inspection by the department a record that documents the implementation of evidence-based, process-improvement interventions adopted to reduce hospital-acquired infections and an annual summary of risk-stratified data on the rates of infection. In conducting inspections pursuant to Section 1279, the department shall evaluate the hospital's infection control program. If, during the inspection, the department determines that the health or safety of patients is at risk due to a deficient infection control program, the department may require that the hospital submit a plan of correction.

(d) A hospital subject to this section shall maintain for inspection by the department a record of its activities and programs to reduce hospital-acquired infections, as defined in ~~subdivision (a) of Section 128752~~ *subdivision (o) of Section 128763*.

~~(e) Each hospital shall participate in the hospital-acquired infection reporting system of the National Healthcare Safety Network of the Centers for Disease Control and Prevention.~~

~~SEC. 2. Section 128752 is added to the Health and Safety Code, to read:~~

~~128752. (a) As used in this chapter, "hospital-acquired infection" means an infection meeting the current epidemiologic~~

1 definitions of a nosocomial infection, as standardized by the
2 National Healthcare Safety Network of the Centers for Disease
3 Control and Prevention (CDC).

4 (b) (1) It is the intent of the Legislature that data be made
5 public regarding hospital-acquired infections in order to improve
6 the quality of care in hospitals. It is further the intent of the
7 Legislature that the data collected prior to January 1, 2008, be
8 limited to hospital-acquired infections identified during the
9 hospital stay and any infection-related readmission within the
10 first 30 days of discharge and the following:

11 (A) Surgical site infections following surgical procedures
12 involving a high risk for mortality or serious morbidity involving
13 a high volume of patients, such as coronary artery bypass graft
14 surgery, total hip replacement, laminectomies, or laparoscopic
15 cholecystectomies. The office, in consultation with the advisory
16 panel established pursuant to Section 128753, shall determine
17 two of these surgical procedures for which hospital-acquired
18 infection data shall be reported.

19 (B) Central-line associated blood stream infections in
20 intensive care units as stratified according to type of unit.

21 (2) Commencing January 1, 2008, the office, in consultation
22 with the advisory panel established pursuant to Section 128753,
23 shall consider the addition of ventilator-associated pneumonia as
24 well as any other types of infections or hospital units, for
25 surveillance of laboratory-confirmed central-line associated
26 blood stream infections, as the office may determine pursuant to
27 this section.

28 (3) Hospital-acquired infection data made available to the
29 public shall not contain personally identifiable information.
30 Hospital-acquired infection data supplied to state agencies shall
31 only be for the purpose of tracking rates of specific
32 hospital-acquired infections.

33 (c) Collection of data required by this section shall be subject
34 to oversight by the advisory panel established pursuant to Section
35 128753.

36 (d) The office shall adopt regulations to implement this
37 section.

38 (e) This section shall become inoperative five years after
39 commencing the collection and reporting of data by hospitals
40 under subdivision (f) of Section 128753.

1 ~~SEC. 3. Section 128753 is added to the Health and Safety~~
2 ~~Code, to read:~~

3 ~~128753. (a) A general acute care hospital shall collect,~~
4 ~~maintain, and report to the office and the multidisciplinary~~
5 ~~advisory panel the risk-stratified data on selected~~
6 ~~hospital-acquired infections. The hospital shall analyze and use~~
7 ~~that data to improve quality of care. The data shall be subject to~~
8 ~~inspection by the office.~~

9 ~~(b) Each hospital shall participate in the hospital-acquired~~
10 ~~infection reporting system of the National Healthcare Safety~~
11 ~~Network of the Centers for Disease Control and Prevention for~~
12 ~~the purposes of collecting and risk-adjusting the data required by~~
13 ~~this section and Section 128752.~~

14 ~~(c) Each hospital shall document comparison of its rates with~~
15 ~~the rates published by the office at the next regularly scheduled~~
16 ~~meeting of its infection control committee, within 180 days of the~~
17 ~~publication and release of the report by the department.~~

18 ~~(d) Each hospital shall report to the office both of the~~
19 ~~following:~~

20 ~~(1) The change in its rate of hospital-acquired infections every~~
21 ~~two quarters, comparing each six-month period to the prior~~
22 ~~six-month period.~~

23 ~~(2) Whether the rate of infection is above, equal to, or below~~
24 ~~the benchmark for the specified type of infection established by~~
25 ~~the Centers for Disease Control and Prevention National~~
26 ~~Nosocomial Infection Surveillance System, or its successor.~~

27 ~~(e) A hospital may voluntarily report its rate of infection.~~

28 ~~(f) (1) A multidisciplinary advisory panel shall be established~~
29 ~~by the office to monitor the statewide planning and oversight of~~
30 ~~hospital collection of hospital-acquired infection data.~~

31 ~~(2) The panel shall include persons with expertise in the~~
32 ~~surveillance, prevention, and control of hospital-acquired~~
33 ~~infections, including the department, the office, and local health~~
34 ~~department officials, health care infection control professionals,~~
35 ~~health care providers, physicians with expertise in infectious~~
36 ~~disease and hospital epidemiology, integrated health care~~
37 ~~systems, and consumers.~~

38 ~~(3) The panel may recommend that hospitals report process~~
39 ~~measures in addition to those listed in subdivision (g) to~~

1 ~~accommodate best practices, such as bundling several process~~
2 ~~measures to achieve effective prevention of infection.~~

3 ~~(g) A general acute care hospital shall collect and maintain~~
4 ~~data on selected process measures and report these measures to~~
5 ~~the office and make them available to the public no later than~~
6 ~~June 1, 2007. The following process measures shall be initially~~
7 ~~reported by hospitals to the office:~~

8 ~~(1) Surgical antimicrobial prophylaxis for selected surgical~~
9 ~~procedures, as identified as performance measures by the Centers~~
10 ~~for Medicare and Medicaid Services and the Joint Commission~~
11 ~~on Accreditation of Healthcare Organizations.~~

12 ~~(2) Influenza vaccination coverage rates for health care~~
13 ~~personnel in all hospitals.~~

14 ~~(h) On or before January 1, 2007, the office shall establish all~~
15 ~~of the following, based upon the recommendations of the~~
16 ~~advisory panel:~~

17 ~~(1) The method for collecting data by a hospital.~~

18 ~~(2) The method for reporting data to the office.~~

19 ~~(3) The timeline for individual hospitals to collect and publicly~~
20 ~~report data.~~

21 ~~(4) The method for validating data reported by a hospital to~~
22 ~~the office.~~

23 ~~(5) The method for risk adjustment of infection rates.~~

24 ~~(6) The nature and timing of reports by the office to hospitals~~
25 ~~and to the public.~~

26 ~~(7) The resources and infrastructure needed for a reporting~~
27 ~~system, including a proposal to increase the minimum ratio of~~
28 ~~infection control professionals required by Title 22 of the~~
29 ~~California Code of Regulations to 1/100 beds based on average~~
30 ~~daily census.~~

31 ~~(i) The data collection requirements of this section shall be~~
32 ~~limited to hospital-acquired infections identified during the~~
33 ~~hospital stay and any infection related readmissions within the~~
34 ~~first 30 days after discharge.~~

35 ~~(j) This section shall become inoperative five years after~~
36 ~~commencing the collection and reporting of data by hospitals~~
37 ~~under subdivision (h).~~

38 *SEC. 2. Section 128763 is added to the Health and Safety*
39 *Code, to read:*

1 128763. (a) *It is the intent of the Legislature that data*
 2 *regarding hospital-acquired infections be made public in order*
 3 *to improve the quality of care in hospitals.*

4 (b) *A general acute care hospital shall collect, maintain, and*
 5 *report to the office the risk-adjusted data on select*
 6 *hospital-acquired infections. The hospital shall analyze and use*
 7 *the data to improve its quality of care. The collection and*
 8 *reporting of this data shall be subject to oversight by the*
 9 *advisory panel and the data shall be subject to inspection by the*
 10 *office and the State Department of Health Services.*

11 (c) (1) *The data collected shall be limited to hospital-acquired*
 12 *infections identified during the hospital stay and any*
 13 *infection-related readmissions within the first 30 days after the*
 14 *operative procedure if no implant is left in place or within one*
 15 *year if an implant is left in place and the infection appears to be*
 16 *related to the operative procedure.*

17 (2) *Prior to January 1, 2008, the data collected shall also be*
 18 *limited to both of the following:*

19 (A) *Surgical site infections following surgical procedures*
 20 *involving a high risk for mortality or serious morbidity and*
 21 *involving a high volume of patients, such as coronary artery*
 22 *bypass graft surgery, total hip replacement, total knee*
 23 *replacement, laminectomies with spinal fusion, or open*
 24 *cholecystectomies. The office, in consultation with the advisory*
 25 *panel, shall determine two of these surgical procedures for which*
 26 *hospital-acquired, risk-adjusted, infection data shall be reported.*

27 (B) *Laboratory-confirmed central-line associated blood*
 28 *stream infections in intensive care units, as stratified according*
 29 *to type of unit.*

30 (3) *On and after January 1, 2008, the office may, based upon*
 31 *the recommendation of the advisory panel, also consider the*
 32 *collection of data on ventilator-associated pneumonia,*
 33 *laboratory-confirmed central-line associated bloodstream*
 34 *infection outside intensive care units, as well as any other types*
 35 *of infections or hospital units.*

36 (d) *Each general acute care hospital shall document the*
 37 *comparison of its infection rates with the aggregate percentile,*
 38 *for example, the 25th percentile, 50th percentile, or 75th*
 39 *percentile, rates published by the office at the next regularly*
 40 *scheduled meeting of its infection control committee, within 180*

1 *days of the publication and release of the report by the State*
2 *Department of Health Services. Each general acute care hospital*
3 *shall report to the office both of the following:*

4 *(1) The annual change in its rates of hospital-acquired*
5 *infections selected for reporting, by comparing each 12-month*
6 *period to the prior 12-month period.*

7 *(2) Whether the rate of each infection selected for reporting is*
8 *above, equal to, or below the benchmark for the specified type of*
9 *infection established by the Centers for Disease Control and*
10 *Prevention National Nosocomial Infection Surveillance System,*
11 *or its successor, or another scientifically valid hospital-acquired*
12 *infection reporting system as may be approved by the office,*
13 *based upon the recommendation of the advisory panel.*

14 *(e) For the purposes of collecting and risk adjusting the data,*
15 *each general acute care hospital shall participate in the*
16 *hospital-acquired infection reporting system of the National*
17 *Healthcare Safety Network of the Centers for Disease Control*
18 *and Prevention or another scientifically valid hospital-acquired*
19 *infection reporting system as may be approved by the office,*
20 *based upon the recommendation of the advisory panel.*

21 *(f) Each general acute care hospital shall use the definitions*
22 *and risk-adjustment and risk-stratification methods of the*
23 *National Healthcare Safety Network of the Centers for Disease*
24 *Control and Prevention, or another scientifically valid*
25 *hospital-acquired infection reporting network that may be*
26 *approved by the office, based upon the recommendation of the*
27 *advisory panel. Any hospital-acquired reporting system that may*
28 *be approved by the office, based upon the recommendation of the*
29 *advisory panel, shall use the same definitions, including the same*
30 *definitions for risk-adjustment and risk-stratification, to ensure*
31 *that the data collected will be comparable.*

32 *(g) The office shall establish an advisory panel to oversee the*
33 *statewide planning and implementation of the statewide hospital*
34 *collection and reporting of hospital-acquired infection data. The*
35 *advisory panel shall include persons with expertise in the*
36 *surveillance, prevention, and control of hospital-acquired*
37 *infections, including persons with the department, the office, and*
38 *local health department officials, as well as health care infection*
39 *control professionals, health care providers, physicians with*

1 *expertise in infectious disease and hospital epidemiology,*
2 *integrated health care systems, and consumers.*

3 *(h) On or before January 1, 2007, the office shall determine,*
4 *based upon the recommendations of the advisory panel, all of the*
5 *following:*

6 *(1) The method for collecting data by a general acute care*
7 *hospital.*

8 *(2) The method and timeline for reporting data to the office.*

9 *(3) The method and timeline for individual general acute care*
10 *hospitals to collect and publicly report data including a*
11 *reasonable timeline for hospitals and the office to process the*
12 *data after the collection period.*

13 *(4) The method for validating data reported by a general acute*
14 *care hospital to the office.*

15 *(5) The method for risk adjustment of infection rates.*

16 *(6) The nature, format, content, and timing of reports by the*
17 *office to hospitals and to the public.*

18 *(7) The resources, staffing, and infrastructure needed.*

19 *(i) The advisory panel may recommend to the office that it*
20 *approve additional scientifically valid or alternative*
21 *scientifically valid, hospital-acquired infection reporting systems*
22 *to that of the National Healthcare Safety Network of the Centers*
23 *for Disease Control and Prevention, for the purposes of*
24 *collecting and risk adjusting the data required to be reported by*
25 *general acute care hospitals pursuant to this section. If*
26 *additional scientifically valid or alternative scientifically valid,*
27 *hospital-acquired infection reporting systems are approved by*
28 *the advisory panel and established by the office, then the*
29 *additional scientifically valid or alternative scientifically valid,*
30 *hospital-acquired infection reporting systems shall utilize the*
31 *same definitions, including the same definitions for risk*
32 *adjustment and risk stratification to ensure that the data*
33 *collected, risk adjusted, and reported by general acute care*
34 *hospitals will be comparable.*

35 *(j) The office, in consultation with the advisory panel, may*
36 *request a periodic review of medical procedures adopted by the*
37 *office for the purpose of determining whether developments in*
38 *medical science, infection control, and surgical best practices*
39 *require a revision of the surgeries and procedures for which*
40 *hospitals are required to collect and report hospital-acquired*

1 *risk-adjusted infection data. No revision in surgeries or*
2 *procedures shall be approved until the office, in consultation*
3 *with the advisory panel, has determined that a sufficient number*
4 *of years' data has been collected to result in statistically valid*
5 *and useful comparisons of hospitals' data.*

6 *(k) Each general acute care hospital shall collect and*
7 *maintain data on selected process measures and report these*
8 *measures to the office and make them available to the public by*
9 *July 1, 2008. The following process measures shall be initially*
10 *reported:*

11 *(1) Surgical antimicrobial prophylaxis for selected surgical*
12 *procedures, as identified as performance measures by the*
13 *Centers for Medicare and Medicaid Services and the Joint*
14 *Commission on Accreditation of Healthcare Organizations.*

15 *(2) Influenza vaccination coverage rates for health care*
16 *personnel in all hospitals.*

17 *(3) Central line insertion practices, including, but not limited*
18 *to, the use of maximal barriers during insertion.*

19 *(l) The advisory panel may recommend that hospitals report*
20 *process measures in addition to those listed in subdivision (j) to*
21 *accommodate best practices, such as bundling several process*
22 *measures to achieve effective prevention of infection.*

23 *(m) Hospital-acquired infection data made available to the*
24 *public shall not contain personally identifiable information.*
25 *Hospital-acquired infection data supplied to state agencies shall*
26 *only be for the purpose of tracking rates of specific*
27 *hospital-acquired infections.*

28 *(n) The office shall adopt regulations to implement this section*
29 *by January 1, 2008.*

30 *(o) For purposes of this section, "hospital-acquired infection"*
31 *means an infection meeting the current epidemiologic definitions*
32 *of a nosocomial infection, as standardized by the National*
33 *Healthcare Safety Network of the Centers for Disease Control*
34 *and Prevention, except as provided in paragraph (1) of*
35 *subdivision (c).*

36 *(p) This section shall become inoperative five years after the*
37 *collection and reporting of data by hospitals is required by the*
38 *office pursuant to this section.*

39 ~~SEC. 4.~~

40 SEC. 3. The Legislature intends all of the following:

1 (a) The Office of Statewide Health Planning and Development
2 shall use its existing fee authority to pay for its direct costs for
3 the data collection required by ~~Sections 128752 and 128753~~
4 *Section 128763* of the Health and Safety Code.

5 (b) The State Department of Health Services shall use its
6 existing fee authority to pay for its direct costs for the data
7 collection required by Section 1279.1 of the Health and Safety
8 Code.

9 (c) The existing fee authority for the Office of Statewide
10 Health Planning and Development and the State Department of
11 Health Services shall not be used to finance the hospital's costs
12 required by Sections 1279.1, ~~128752, and 128753~~ and *128763* of
13 the Health and Safety Code.

14 ~~SEC. 5.~~

15 *SEC. 4.* No reimbursement is required by this act pursuant to
16 Section 6 of Article XIII B of the California Constitution for
17 certain costs that may be incurred by a local agency or school
18 district because, in that regard, this act creates a new crime or
19 infraction, eliminates a crime or infraction, or changes the
20 penalty for a crime or infraction, within the meaning of Section
21 17556 of the Government Code, or changes the definition of a
22 crime within the meaning of Section 6 of Article XIII B of the
23 California Constitution.

24 However, if the Commission on State Mandates determines
25 that this act contains other costs mandated by the state,
26 reimbursement to local agencies and school districts for those
27 costs shall be made pursuant to Part 7 (commencing with Section
28 17500) of Division 4 of Title 2 of the Government Code.